City of Big Sandy

PO Box 986 ~ Big Sandy, Texas 75755 903.636.4343 ~ 903.636.4413 fax <u>cityofbigsandy@yahoo.com</u>

APPLICATION FOR EMPLOYMENT

Please COMPLETE ALL ITEMS, if not applicable, indicate N/A

Title of Job Applying for:			Date:_	
Applicant's Name:				
Last	First		Middle	
Address:				
Street	City	Stat	te	Zip
Telephone No.:				
Home No.	Business No.		Cell Phone	e No.
Personal:				
Are you over the age of 18? Yes	No			
If you are hired for a position, can y	ou show proof of U.S.	Citizenship	? Yes	_No
Are you a registered alien? Yes_	No	If yes, Nu	mber:	
Driver's License Number:		State:	Type:_	
Have you ever been employed by t	he City of Big Sandy?	Yes	No	
If yes, date and department:				
Date available for work:				
Are you able to work: Full-time	Part-time			
Are there any restrictions to the ho	urs you can work?	Yes	No	
If yes, explain:				_
Are you related to any employee or	r City Official of the City	y of Big San	dy?Yes	_No
If yes, whom:	Relationship:			_
The City of Big Sandy Qualified applicants are consider religion, national o		hout regard	to race, col	or, sex,
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EDUCATION					
Type of School	Name and Address	No. of Years Attended	Grad. Yes/No	Major	Degree
High School or		Allended			
GED (circle one)					
University					
Other					
Military Service Re	cord:				
Are you a veteran?	YesNo				
Branch:	Date Entered:	Date	Discharged	:	
Special Training:		Rank:			
YesNo(Important: For purposes of employment with the City of Big Sandy, %convictions+include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.) If so, please explain					
perform the job app	hysical, mental, or medical im blied for? YesNo If s	so, what type(s)	of job accon	nmodations	-
Qualifications Sum	mary: In detail, list qualification	ons and skills yo	u possess		
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Employer Name:	Area Code/	Explain Duties:	Employment Date:
	Phone:		
			From:
			То:
Address: City, State, Zip)		Annual Salary: Starting Ending
Job Title:			May we contact this Employer?
			YesNo
Reason for Leaving:			

Employer Name:	Area Code/ Phone:	Explain Duties:	Employment Date:	
			From:	
			То:	
Address: City, State, Zip)		Annual Salary: Starting Ending	
Job Title:			May we contact this Employer?	
			YesNo	
Reason for Leaving:				

PERSONAL REFERENCES (not relatives)

Name & Address	Phone	Occupation – how known
1.		
2.		
3.		

I,, certify that the answers given herein are true and complete to the best of my
knowledge. I hereby authorize the City of Big Sandy the right to investigate all statements contained in
this application. In the event of employment, I understand that false statements on the application shall
be grounds for dismissal. I also understand that by submitting this application, I am subject to a pre-
employment physical examination and drug and alcohol testing, and further, will be subject to a criminal
background check. I agree to immediately notify the City of Big Sandy if I am convicted of, receive
deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving
dishonesty or breach of trust, while my application is pending or during my period of employment, if
hired.

Applicant's Signature

Equal Employment Opportunity (EEO) DATA SHEET

employment opportunity requires that c	ertain information requested in orde	ment of the City of Big Sandy to a policy of equal be gathered and documented for statistical r to assist us in complying with EEO reporting interviewing or hiring decisions.
Name		Date of Application
Last First	M.I.	
Position applied for:		
Date of Birth		Male Female
Social Security Number		
Driverc License (state & number)		Expiration date
How were you referred to us?		
Newspaper ad	TML Ca	areer Center
Walk-in	Friend	
ETHNIC CATEGORY		
White Black. Hispanic or Latino	America	or Pacific Islander an Indian or Alaskan Native. t wish to voluntarily supply this information

OTHER

_____A Veteran . A person who served on active duty for a period of more than 180 days, who received other than a dishonorable discharge, who does not fall into any of the other categories outlined below. (1)

_____ A Disabled Veteran . A person who served has 30 percent or more disability and is entitled to disability compensation by the Veterance Administration who was released from the military service (active duty) for a disability incurred or aggravated in the line of duty. (2)

_____ A Vietnam Veteran . A person who served on active duty for more than 180 days (any part of which was performed during the period of August 5, 1964 through May 7, 1975) and who was discharged or released from the military service with other than a dishonorable discharge. (3)

_ A Disabled Vietnam ERA Veteran . A person who meets both the criteria stated in #2 & #3.

____ Other . A person who is not a veteran and does not fall into any of the other Veteran categories listed above.

_____A Qualified Handicapped Individual . A person who has a physical or mental impairment which substantially limits one or more of that person¢ major life activities, or has a record of such impairment, and is capable (qualified) of performing a particular job with reasonable accommodation to their handicap.

_ I do not wish to voluntarily supply this information.